



County of Kaua'i  
Department of Public Works  
Wastewater Management  
Sewer Billing

Mail to: Wastewater Management  
4444 Rice Street, Suite 500  
Lihu'e, HI 96766  
Phone: 241-4082 or 241-4216

## 2018 Residential Sewer Utility Credit Application

Part I: Credit Qualifications	YES	NO
Do you receive sewer service and a residential sewer bill from the County of Kaua'i? _____		
Is your 2016 total annual adjusted gross income under \$40,000? _____		
We are (I am) <u>not</u> receiving sewer utility assistance payments from any organizations. _____		
Is this the only dwelling that you are claiming for this credit? _____		
Is this dwelling unit your principal residence? _____		
We are (I am) <u>not</u> delinquent in our sewer utility payments. _____		

**IMPORTANT:**

**You must answer "YES" on all the above questions to be eligible for the sewer credit program.**

**You are not eligible for the credit, if you have answered "NO" on any of the above questions.**

(For more information on Credit Qualifications, please call 241-4082 or 241-4216.)

Part II: Total Adjusted Gross Income for the 2016 INCOME TAX YEAR.	
A. Enter your TOTAL ADJUSTED GROSS INCOME from your 2016 Federal Tax Return	\$ _____
B. Enter your TOTAL ADJUSTED GROSS INCOME from your 2016 Hawaii State Tax Return	\$ _____

**For proof of income, attach pages 1 & 2 of both your 2016 Federal and State Income Tax Return.**  
**If you were not required to file a return, complete the affidavit on the back of this application.**

Part III: Other Information	YES	NO
Are you an owner occupant? _____		
Do you pay for the sewer utility charges? _____		

Part IV: Applicant Information
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- 1 Applicant's Name: \_\_\_\_\_ Sewer Account No. \_\_\_\_\_
- 2 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 3 Sewer Resident Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
- 4 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
- 5 Name of Residential Owner: \_\_\_\_\_

Part V: Declaration
Under penalty of perjury, I hereby declare that I am a qualified residential sewer customer and the information above is true and correct. I shall notify the Wastewater Management, County of Kaua'i immediately if my annual income exceeds \$40,000 and I am benefiting from this credit. I authorize the County of Kaua'i to verify my income or other information on this application with the State and/or Federal taxing authorities.

Signature, Applicant

Date

**Deadline for submitting an application is Tuesday, January 2, 2018. Mail completed application to the above address postmarked no later than Tuesday, January 2, 2018 or hand deliver to the Wastewater Management Office, Suite 500 at the ground floor level of the Kapule Building by 4:30pm on Tuesday, January 2, 2018.**

ANY PERSON WHO FALSIFIES OR MISREPRESENTS ANY INFORMATION ON THIS APPLICATION OR FILES A FRAUDULENT APPLICATION, WITH THE INTENT TO DEFRAUD OR EVADE THE PAYMENT OF ANY PART OF HIS SEWER BILL, OR WHO IN ANY MANNER INTENTIONALLY DECEIVES THE COUNTY OF KAUAI, WILL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH (K.C.C.25-13.9(g) / ORD. NO. 793)

SOCIAL SECURITY NUMBER: The applicant's social security number is requested for the purpose of establishing the identity of the applicant for Sewer Credit and maintaining a record of individual payments to customers. The request is authorized under the Federal Social Security Act (42 U.S.C.A. Sec. 405 (c) (2)). Disclosure is voluntary and will not affect the allowance of a claim for a Sewer Credit, but failure to disclose may result in a delay of processing the claim. If disclosed, social security numbers will not be subject to public access.

## **SELF- PRESCRIBING AFFIDAVIT**

STATE OF HAWAII )  
 ) SS.  
COUNTY OF KAUAI )

I, \_\_\_\_\_, under penalty of perjury, hereby swear (or affirm)  
(Print Applicant's Name)

**that the following information is true and correct:**

1. I am a County of Kaua'i residential sewer customer.
2. I was not required to file a personal income tax return under either the U.S. Internal Revenue Code of 1954, as amended or Chapter 235, H.R.S. or both.
3. I was not required to file an Income Tax Return (please check either or both below):  
\_\_\_\_ I was not required to file a Hawai'i State 2016 Income Tax Return.  
\_\_\_\_ I was not required to file a Federal 2016 Income Tax Return.
4. The income that I received from all sources for the calendar year 2016 did not exceed \$40,000.

**APPLICANT**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**(REQUIRED ONLY IF APPLICANT MAKES A MARK)**

**WITNESS**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS**

**NAME:** \_\_\_\_\_

(Print Witness Name)

**WITNESS**

**ADDRESS:** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_

**WARNING:** Any person who files a fraudulent application or attests to any false statement, with intent to defraud or to evade the payment of his/her sewer bill or any part thereof, or who in any manner intentionally deceives or attempts to deceive the County of Kaua'i to receive this sewer credit, shall be fined \$1,000 or imprisoned for not more than 1 year, or both.